Town of Sutton
Application for Employment

Thank you for your interest in employment with the Town of Sutton. The Town is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with the Town will be based only upon your merit, without regard to race, religion, sex, age, national origin or disability.

________________________________________________________________________

PLEASE NOTE: The town accepts applications for advertised positions only. Applications must be returned to the address above by the advertised deadline for consideration.

INSTRUCTIONS: Each question should be fully and accurately answered. Please PRINT or TYPE, except for your signature on the back of the application. A separate application must be submitted for each position for which you are applying.

GENERAL

Position applying for: _____________________________________________________________

Date of application: ______________________________

Referral source (check): Advertisement _____ Job posting _____ relative _____ friend _____ other _____

Please review the functions of the position as outlined in the job description. Are you able to perform all of the essential duties of the position for which you are applying? (circle one) YES   NO

PERSONAL

Name: _____________________________________________________________

Last     First     Middle

Address: _____________________________________________________________

Number/Street    Town/City    State    Zip Code

Email: _____________________________________________________________

Telephone: Home ___________________________ Cell ___________________________

If hired, can you provide proof of citizenship or legal right to work? (circle one) YES   NO

August 2019
Are you 18 years old or older? (circle)  YES  NO  If no, list date of birth: ______________________

Have you worked for the Town of Sutton before? (circle one)  YES  NO
If yes, list department: ________________________  From: _______________  To: __________

Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United States? (circle one)  YES  NO

MILITARY HISTORY
Are you a veteran of the U.S. Armed Forces? (circle one)  YES  NO  Branch: ______________________

Dates of Service:  From:  ______________________ To:  ______________________

PRESENT AND PRIOR EMPLOYMENT
Please list below employers in consecutive order with the present or most recent employer listed FIRST. Account for all periods of time between employment. A resume may be attached but NO NOT refer to the resume when completing all sections of this application. Use additional sheets if necessary.

Employer’s Name: _________________________________________________________________

Address:  _________________________________________________________________________

Job Title:  _______________________________________

Dates Employed:  From:  _________________________  To:  ______________________________

Describe work you performed:  ________________________________________________________

__________________________________________________________________________________

Immediate Supervisor’s Name, Job Title, and Telephone Number:  ____________________________

May we contact this employer? (circle one)  YES  NO

Reasons for leaving or seeking other employment:  _________________________________________

__________________________________________________________________________________

August 2019
Dates Employed: From: _________________________  To: _______________________________

Describe work you performed:  ________________________________________________________

____________________________________________________________________________________

Immediate Supervisor’s Name, Job Title, and Telephone Number:  ____________________________

May we contact this employer? (circle one)  YES   NO

Reasons for leaving or seeking other employment:  _________________________________________

____________________________________________________________________________________

Employer’s Name:  _

Address:  _________________________________________________________________________

Job Title:  ________________________________________________________________________

Dates Employed:  From:  _________________________  To:  _______________________________

Describe work you performed:  ________________________________________________________

____________________________________________________________________________________

Immediate Supervisor’s Name, Job Title, and Telephone Number:  ____________________________

May we contact this employer? (circle one)  YES   NO

Reasons for leaving or seeking other employment:  _________________________________________

____________________________________________________________________________________

Have you ever been forced to resign from any position?  If yes, please provide details:  _____________

____________________________________________________________________________________

____________________________________________________________________________________

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

Computer Skills:  Macintosh   IMB/Personal Computers   Mainframe/Network

August 2019
SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS CONTINUED

Software Programs:

Word Processing: _______________________________________________

Spreadsheet: ________________________________________________

Database: ____________________________________________________

Graphics: _____________________________________________________

Driver’s License Number: _______________  State: _______  Expires: __________  Class: _____

Special qualifications and skills (licenses or certificates, memberships in *professional* organizations, etc.)

_____________________________________________________________________________________

EDUCATION

Circle highest grade completed:

High School 1 2 3 4  Vocational School 1 2 3 4  Undergraduate 1 2 3 4  Graduate 1 2 3 4

Name and Location of School                  Graduated?

**High School**

YES

NO

**Vocational School**

YES

NO

**Undergraduate College:**

YES

**Graduate College:**

YES

August 2019
Degree: NO

Additional education and/or vocational, technical or military training relevant to the position:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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REFERENCES

Please provide three professional references. References should be former supervisors who can comment on your past job performance.

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<thead>
<tr>
<th>Name and Occupation</th>
<th>Address</th>
<th>Phone Number</th>
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APPLICANT’S CERTIFICATION

I understand that all statements made in this application are true and complete under pains and penalties of perjury. I authorize the Town of Sutton to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions and law enforcement agencies from and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record. I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal, should one be discovered after I am employed. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity and that failure to submit proof will result in denial of employment. I understand that the Town of Sutton’s statement of personnel guidelines or in my communication with any employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full-time positions (except FICA and Workers’ Compensation). There is nothing to keep me from fulfilling the duties of the job for which I have applied.

Signature: ___________________________  Date: __________________________

APPLICANT DO NOT WRITE BELOW THIS LINE

August 2019
The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin.